



Delaware Department of  
Human Resources

Statewide Benefits Office

# Open Enrollment

## 2019 FAQs

*Last Updated: Wednesday, March 13, 2019*

# May 6 - 24, 2019

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For more information on Open Enrollment, visit [de.gov/statewidebenefits](https://de.gov/statewidebenefits), select your group and choose “Enrollment”.

### Q: Do I have to *actively participate* in Open Enrollment?

The State of Delaware wants you to take action this May to make sure you are enrolled in the benefit plans that provide the **BEST VALUE** for you and your family! Getting the BEST VALUE means reviewing your benefit options and making informed decisions about which plans are the most affordable and aligned with your needs.

Employees are required to actively participate in the Open Enrollment process each year.

For the 2019 Benefits Open Enrollment, we are requesting every benefit-eligible employee follow the **VALUE FIVE CALL TO ACTION** steps to actively participate.

### Q: Will there be benefit plan premium (rate) changes for 2019?

The benefit plan premiums (rates) for Delta Dental and Dominion National will increase effective **July 1, 2019**.

Premiums for the health and vision plans will not change at this time; **however, there are a number of health benefit design changes** intended to help you obtain the same level of quality and service at reduced costs to you and the State of Delaware.

Learn about these changes by viewing the online informational videos or visiting an upcoming health fair.

### Q: When will the coverage changes take effect?

The coverage changes and rates, including enrollment or cancellation of coverage, will take effect on **July 1, 2019**.

State of Delaware employees are paid on a lag basis meaning that the first deduction for new coverage or changes to coverage beginning July 1, 2019 will be taken from the **July 19, 2019** paycheck.



### Q: Where can I learn more about my benefits?

The Statewide Benefits Office has provided several tools in order to help employees *actively participate* in Open Enrollment, while providing the **BEST VALUE** for you and your family.

- A newly designed website provides access to the latest information regarding your benefits; including coverage options, upcoming events and enrollment information.
- A series of **Informational Videos**, which includes the “2019 Benefits Open Enrollment Highlights”, videos on the four Health Plans, and Spousal and Dependent Coordination of Benefits, provide an in-depth overview of each topic.
- The **Health Plan Comparison Chart** provides a side-by-side comparison of the four Health Plans offered by the State of Delaware.
- The **myBenefitsMentor® Consumer Decision Tool** and informational video is designed to help you make the best selection from the four health plans offered by the State of Delaware.

### Q: Where can I find information to assist with my online benefit enrollment?

The Statewide Benefits Office has provided several guides to assist employees with their online Open Enrollment.

- The **Open Enrollment Self-Service Guide** offers assistance navigating Employee Self-Service (ESS) during Open Enrollment.
- The **Spousal Coordination of Benefits Employee Self-Service Guide** offers step-by-step instructions for completing the SCOB Form in Employee Self-Service during Open Enrollment and year-round.
- The **Aflac Online Enrollment Guide** offers step-by-step instruction on creating an account and enrolling in Supplemental Benefits by Aflac.



### Q: Will I get Member ID Cards?

- **Health:** All members (new and current) enrolled in Aetna's HMO Plan and Highmark's Comprehensive PPO Plan will receive new ID cards.  
Only **NEW** members enrolled in Aetna's CDH Gold Plan and Highmark's First State Basic Plan will receive new ID cards.
- **Prescription:** Only members who enroll in a health plan for the **first time** will receive prescription ID cards.
- **Dental & Vision:** Only **NEW** members will receive ID cards.
- **Supplemental Benefits:** Aflac Group does not provide Member ID Cards.

***Please Note:** New Member ID Cards will be mailed mid to late June 2019.*

### Q: What will happen to my unused Aetna CDH Gold HRA funds at the end of the plan year?

Unused CDH Gold HRA Funds will rollover to the next plan year and are available at the beginning of the new plan year.

**If you do not continue enrollment in a CDH Gold plan the funds will be forfeited.**

However, remaining unused funds will be used to pay for claims incurred during the period the employee was active in the CDH Gold Plan.

HRA Fund balances and status of claims may be obtained by contacting Aetna Customer Service at 1-877-542-3862 or **[www.Aetna.com](http://www.Aetna.com)**.



## Q: What do I need to provide if I am covering a spouse or other dependent for the FIRST TIME?

**Proof of eligibility must be provided for anyone covering a spouse or dependent for the *FIRST TIME*.**

- Proof of eligibility for a spouse is a copy of the Marriage Certificate/Civil Union Certificate.
- Proof of eligibility for a dependent is a Birth Certificate or other legal document.\*
- Social Security Card must be provided in order to confirm a spouse or dependent's Social Security Number.
- Complete a ***Child Dependent Coordination Benefits*** form if your dependent child has other health coverage.
- Complete a ***Certification of Tax Dependent Status*** form if covering a spouse due to civil union or other dependents due to civil union.

\*This information is not forwarded to the carriers. Your Human Resources/Benefits Office will maintain this documentation.

## Q: What do I need to do if I choose to cover my spouse for the 2019 Open Enrollment?

If you cover your spouse in one of the State of Delaware's Group Health Insurance medical (Aetna or Highmark) plans, you **MUST** complete a Spousal Coordination of Benefits form upon initial enrollment, each year during your Open Enrollment period and anytime your spouse's employment or insurance status changes.

**Failure to submit a new Spousal COB form each year will result in a reduction of spousal benefits.**



### Q: Who do I contact with questions regarding State of Delaware Employee Self-Service (ESS)?

Employees should select one of the *assistance links* on the [Single Sign-on Login](#) page. **Employees who need to reset or forget their password, should click “Forgot Password?” and follow the prompts.**

Employees who continue to experience issues with accessing Benefits Enrollment and ESS should [contact PHRST Employee Self-Service Assistance](#) at **1-866-751-7833**.

### Q: How will I confirm I actively participated in Open Enrollment?

If a preferred email is on file in Employee Self-Service, employees will receive an email confirming Open Enrollment elections were submitted and the employee actively participated, upon their completion of Benefits Enrollment. Benefit elections **WILL NOT** be provided in the email. *It is highly recommended the employee retain a copy of this confirmation email for their records.*

To review Benefit elections, employees must log into [Employee Self-Service](#), select “State of Delaware Employee Self Service”, then “Benefits” and “Benefits Summary.” Enter the date of **07/01/2019** and click “Go.” Benefit changes made in Benefits Enrollment **CANNOT** be viewed until the [following business day](#). *It is highly recommended the employee retain a copy of this screen for their records.*

### Q: Can I make corrections to my benefit elections after Open Enrollment ends?

Employees who notice an error on their Benefits Summary after Open Enrollment ends must contact their Human Resources /Benefits Office with the necessary changes no later than June 1, 2019.

**No corrections will be made after June 1, 2019, including requests made to Human Resources/Benefits Offices, after ID cards are received or members try to use services after the start of the plan year.**

